

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		9-28-99
O.I.P.E. CLASSIFIER		49	10/1/99
FORMALITY REVIEW	DB	65373	10/5/99

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	✓	51		101	
2	✓	52		102	
3	✓	53		103	
4	✓	54		104	
5	✓	55		105	
6	✓	56		106	
7	✓	57		107	
8	✓	58		108	
9	✓	59		109	
10	✓	60		110	
11	✓	61		111	
12	✓	62		112	
13	✓	63		113	
14	✓	64		114	
15	✓	65		115	
16	✓	66		116	
17	✓	67		117	
18	✓	68		118	
19	✓	69		119	
20	✓	70		120	
21		71		121	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

Best Available Copy

If more than 150 claims or 10 actions  
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